

RI Governor's Commission on Disabilities

**RI GCD Form J. DISABILITY BUSINESS ENTERPRISE
APPLICATION FOR CERTIFICATION**

The purpose of [the "Disability Business Enterprises Act"] is to carry out the state's policy of supporting the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities or where seventy-five percent (75%) of the employees are persons with disabilities, or non-profit rehabilitation facilities in state funded and state directed public construction, public projects, and in state purchases of goods and services. This includes assisting disadvantaged disability businesses and non-profit rehabilitation facilities throughout the life of contracts in which they participate.

Preference in the awarding of state contracts go to certified:

- Businesses owned and controlled by persons with disabilities, with 50 or fewer employees;
- Manufacturers of any goods or merchandise if not less than seventy-five percent (75%) of the work hours or direct labor required for the products are performed by persons with disabilities;
- Service Providers if not less than seventy-five percent (75%) of the work hours or direct labor required for the services are performed by persons with disabilities; and
- Non-profit rehabilitation facilities

Business/Agency Name (D/B/A)

Address

Fed. Employer. I.D. or Soc. Sec. #

Phone #

Fax Number

TTY Number

E-Mail Address

**Business /
Agency is a:**



Corporation

Limited Partnership

Sole Proprietorship

Partnership

Not for Profit Corp.

Educational Institution

Limited Liability Corporation

Joint Ventures

This Application must be verified under oath in the following manner:

All applicants **MUST** read and review all items preceding the verification before signing, these items contain responsibilities of the applicant rights retained by the State of Rhode Island and penalties that may be applied for false statements.

It is recognized and acknowledged that the information contained in this application is given under oath and that any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts which may be awarded the applicant by the State of Rhode Island. The applicant further understands that any misrepresentation made in this application is subject to both the civil and criminal laws of the State of Rhode Island. The applicant's failure to submit material, or to consent to such examinations and interviews, specified below, shall be grounds for immediate revocation of certification.

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FIRST, this application form, the supporting documents, and any other information provided in support of the application are considered part of the application.

SECOND, pursuant to the provisions of the Public Records Act, an agency may not disclose information submitted in an application, unless such disclosure is made pursuant to applicable federal and state laws. As provided in paragraph seven below, information, which an applicant request (in writing) to be held exempt, will be exempt from disclosure under the Rhode Island Public Records Act, if it qualifies as a trade secret or confidential information.

THIRD, by filing this application, the applicant consents to periodic examination of its books, records and an interview of its principals and employees by the State of Rhode Island for the purpose of determining whether the applicant qualifies, or continues to qualify as a Disability Business Enterprise.

FOURTH, by filing this application, the applicant consents to inquiries that may be directed by the State of Rhode Island to the applicant's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of ascertaining the applicant's eligibility of certification.

FIFTH, the applicant agrees to provide notice to the State of Rhode Island of any material change in the information contained in the original application within 30 days of such change.

SIXTH, certification is normally granted for a period of one (1) year. However, the State of Rhode Island may require the submission of a new application, additional information, examinations of the applicant's principals and employees at any time before the expiration of the one (1) year certification period.

SEVENTH, by filing this application, the applicant consents to the State of Rhode Island sharing reports, summaries, reviews, analyses, recommendations and determinations related to this application with other certifying agencies, which may request such information as a result of the applicant submitting this application for Certification to those agencies.

I have read and acknowledge the foregoing and I hereby certify that (☒ check one):

I am the owner of business and have a disability	75% of employee hours producing the products or services are by persons with disabilities	This applicant agency is a non-profit rehabilitation facility
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as defined by Rhode Island Law RIGL 37-2.2-2 (5) and regulation.

The application is for: <input checked="" type="checkbox"/>	Initial certification	Annual renewal
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Signature of Owner/Chief Executive Officer	Date
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Complete and return (with supporting documents) to:

RI Governor's Commission on Disabilities
Howard Complex – 41 Cherry Dale Court
Providence, RI 02920-3049

RI Governor's Commission on Disabilities

SUPPORTING DOCUMENTS REQUIRED FOR ALL APPLICANTS

Attach copies of the following, if applicable. Please indicate documents by checking appropriate boxes. **If appropriate documents are not submitted AND no written explanation is given, application will be returned to you.**

For All Applicants

(If renewal, only submit documents which have been changed since last submission)

☒ **Check items that have been attached to the application**

	A list of the names and titles of the: Owner/ Chief Executive Officer, Other Corporate Officers and Board Members
	A list of products: by styles, designs, sizes, and varieties of articles made by disabled persons and/or a description of all available services and subcontract work that the Applicant is seeking certification for. This list should correspond to R.I. Dept. of Administration, Division of Purchasing's Commodities Code List.
	A listing of the rates of pay for positions filled by employees with disabilities who would make or manufacture those products or provide those services.
	If authorized by the US Department of Labor to pay less than minimum wage - Copy of current Federal and State Department of Labor Certification from the Wage and Hour Division (Form WH-228-MIS).
	Documentation from the RI Office of Rehabilitation Services and or the RI Department of Mental Health, Retardation and Hospitals that the: owner(s) or employees, is/are "person(s) with disabilities" or the non-profit is a "rehabilitation facility".
	Current financial statement.
	Copy of Certificate of Trade Name or Business Trade Name filed with the Department of Business Regulations, Secretary of State's Corporations Office or municipality (if d/b/a).
	Proof of sources of capitalization/investments.
	Any employment agreements.
	Written request for exemption from disclosure regarding trade secrets.

FOR ALL BUSINESSES OWNED BY PERSONS WITH DISABILITIES

	Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level and limitations, if any.
	Copies of last four (4) bonds issued to the company, include copy of signature page for all individuals who signed or co-signed on the bond.
	Copies of all current loan agreements including loans made to the business by any owner and/or officer.
	The number of employees, employed full time during the preceding year.
	Describe method of acquisition and date (i.e. started new business, inherited business, bought existing business, secured concession, merger or consolidation)

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**FOR MANUFACTURERS AND SERVICES PROVIDERS WITH 75% OF
EMPLOYEE HOURS PRODUCING THE PRODUCTS OR SERVICES THAT ARE
PROVIDED BY PERSONS WITH DISABILITIES**

Submit a listing of employee hours for the past year by:

- ☐ full-time and part time;
- ☐ employees with disabilities and employees without disabilities;
- ☐ permanent employees, temporary employees, and seasonal employees,
related to the production of goods or services, the applicant offers to provide the state.

FOR A PARTNERSHIPS AND JOINT VENTURES

Business Certificate	Partnership Agreement	Buy-out Rights
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FOR A CORPORATION OR LIMITED LIABILITY CORPORATION

Articles of incorporation, including date approved by State.	Corporation By-Laws	Biennial Corporate Filing
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**FOR A NON-PROFIT REHABILITATION FACILITY AND
EDUCATIONAL INSTITUTIONS**

Copy of 501c3 Non-profit incorporation.	Copy of By-Laws, Mission Statement, Articles of Incorporations.
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**For additional information call 462-0105 (voice) 462-0101 (tty) or
e-mail disabilities@gcd.state.ri.us**

RHODE ISLAND DISABILITY BUSINESS ENTERPRISE COMMITTEE USE ONLY

Disability Business Enterprise Committee:

Approval Date / /2000

Denial Date / /2000

If denied, reason for rejection:

Signature of DBE, Secretary

Date

Signature of DBE, Chairperson

Date